



EXAMPLE:

Yes ☒ No ☐

REQUEST FOR DUPLICATE COMPANY LICENSE OR REGISTRATION

REQUEST INFORMATION

I understand that this form may only be used to request **one** duplicate Pocket Card or Company License. Please submit a PSB-37 form for each request.

Yes ☐
No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Select **ONLY one** registration type:

- | | | |
|--|---|--|
| <input type="radio"/> Alarm Salesperson | <input type="radio"/> Employee of License Holder | <input type="radio"/> Qualified Manager |
| <input type="radio"/> Alarm System Installer | <input type="radio"/> Guard Dog Trainer | <input type="radio"/> Supervisor Only |
| <input type="radio"/> Alarm System Monitor | <input type="radio"/> Locksmith Registration | <input type="radio"/> Owner/Officer/Partner/Shareholder |
| <input type="radio"/> Branch Office Manager | <input type="radio"/> Non-Commissioned Security Officer | <input type="radio"/> Owner/Officer/Partner/Shareholder/Manager |
| <input type="radio"/> CE Instructor | <input type="radio"/> Instructor | <input type="radio"/> Owner/Officer/Partner/Shareholder/Supervisor |
| <input type="radio"/> Commissioned Security Officer | <input type="radio"/> Security Consultant | <input type="radio"/> Personal Protection Officer |
| <input type="radio"/> Electronic Access Control Device Installer | <input type="radio"/> Security Salesperson | <input type="radio"/> Private Investigator |

(Note: If you select more than one type of registration, this application will NOT be processed and will be returned to you.)

PART I. POCKET CARD INFORMATION (ONLY FILL THIS SECTION OUT IF REQUESTING A DUPLICATE POCKET CARD)

Social Security No. I understand that this selection may NOT be used in conjunction with a duplicate Company License request and that forms with more than one request will NOT be processed and will be returned to me. Yes ☐
No ☐

Last Name First Name M.I. Suffix (If Any)

Company Name Company License No.

As a "bona fide" employee of the above named company, I verify that the above named individual, for whom the Pocket Card is being requested, is also a "bona fide" employee of the company listed. Yes ☐
No ☐

Name Change – I have submitted a copy of the following document: Court Documents, Marriage Certificate or Divorce Decree Yes ☐
No ☐

Replace a lost or stolen registration card – I have attached a reason for a replacement card on company letterhead along with a manager or manager designee signature Yes ☐
No ☐

Owner or Manager Last Name First Name

PART II. COMPANY LICENSE INFORMATION (ONLY FILL THIS SECTION OUT IF REQUESTING A DUPLICATE COMPANY LICENSE/WALL CERTIFICATE)

I understand that this selection may NOT be used in conjunction with a duplicate Pocket Card request for an individual and that forms with more than one request will NOT be processed and will be returned to me. Yes ☐
No ☐

I certify that the Company License I am ordering is to be displayed in my place of business as it is listed in the Private Security Bureau records and is requested in order to maintain compliance with Texas Occupations Code § 1702.128. Yes ☐
No ☐

Owner or Manager Last Name First Name

PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application **by mail**. Yes ☐ *If yes, a PSB-50 form **must** be submitted with this application.
(Note: Payment must be in the form of a cashier's check, money order or company check.) No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐
No ☐

I have enclosed \$ in the form of a cashier's check, licensed company check or money order. Check #

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Bureau may result in **criminal prosecution**.

Manager, Manager's Designee or Owner Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999